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ABSTRACT

In New York, as in many states, "rural" is not synonymous with "agricultural." The Commission on Rural Resources (CRR) supports preservation of agrarian New York State, but also seeks to assist rural citizens with many other challenges: in education, transportation, forestry development, housing, health care, viable business ventures, and building the capacity of local governments to plan for judicious growth and development. This report describes the activities of the CRR during 1988. The Commission created a steering committee of state and local officials to conduct a think-tank seminar for officials working in rural governments, created a rural transportation program integrating schools buses with public transportation systems, worked on water supply and quality issues, addressed health care and transportation difficulties, and pursued state budget allocations for all these programs. The report lists 14 bills drafted by the CRR and sponsored by members during the 1988 legislative session and describes 4 Commission-produced reports, dealing respectively with enhancing New York State's forestry industry, swing-bed care for rural hospitals, integrating school transportation resources into public transportation systems, and problems of disappearing farmland. Networking efforts by the Commission are summarized as are the Commission's activities in sponsoring research and discussion in areas of special interest to rural New York State. A list of Commission publications is included. (DHP)

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Rural Counties in New York State

Annual Report 1988

New York State
Legislative Commission
on Rural Resources

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Letter from Senator Cook:

"A notable consequence of the Commission's endeavors has been a growing sensitivity and responsiveness within our own state agencies to rural conditions."

Since the establishment of the bi-partisan Rural Resources Commission in 1982, rural New York has seen considerable change. While rural areas near cities and along expressways undergo increased suburbanization, their growth is not an unmitigated blessing. Meanwhile, the more remote rural regions continue to lose people, jobs and services. Yet such localities must comply with state and federally mandated requirements in transportation, education, waste disposal and health provision—often on the relatively meager proceeds of a shrinking or stagnant tax base.

Nevertheless, in my six-year tenure as Commission Chairman, it has been gratifying to note increased attention, at both federal and state levels, to the conditions facing rural dwellers. This year alone, we've seen national, urban-based media, such as *Newsweek*, *The New York Times*, and *The Wall Street Journal* devote in-depth coverage to the plight of rural America—not only in connection with the past summer's drought, but on broad-based issues of long-range significance—the survival of rural hospitals, the forging of new bus feeder linkages, the evolution toward factory farming which displaces the small family farm, and America's 'third world' of depression-era poverty in the countryside.

The quickening pulse of rural development in some growth areas and increased awareness of deprivation in certain stagnated locales is intensifying the response from a number of national organizations. Among them are the National Governors Association, the Council of State Governments, and the National Association of Development Organizations. A congressional symposium this year examined the prospect of developing a national rural development policy for the 1990s. The University of Texas Extension Service conducted a series of regional conferences on rural issues across the nation.

A notable consequence of the Commission's endeavors has been a growing sensitivity and responsiveness within our own state agencies to rural conditions. This new awareness will, we hope, result in adjusting regulatory procedures that are currently based on metropolitan assumptions. The Department of Health established a Rural Health Council in 1988. The Department of Social Services is contemplating establishing a comparable group.

This year, too, the Governor established a Task Force on the Forestry Industry. The State Office of Rural Affairs, in cooperation with the Health Department's Rural Health Council, held a one-day rural health conference to address issues, many of which were brought out in symposia and public hearings held by the Commission in cooperation with these agencies.

Still, there is a lot of "consciousness-raising" yet to do.

State associations are assisting in this awareness effort by promoting special approaches to rural challenges. For example, the Farm Bureau, which has established a rural health committee, the Hospital Association of New York State, and the N.Y.S. Home Care Association have developed special rural programs. The New York State School Boards Association has established a rural issues committee to delineate the special attributes of rural education. We are grateful that such initiatives are being undertaken on behalf of rural citizens everywhere.

The significant support the Commission obtained in 1988 is the result of strenuous efforts on behalf of rural health needs by many agencies and interests. In the early years of the Commission's work, it became apparent that rural dwellers frequently lack sufficient access to adequate health care, and that rural hospitals were among the most threatened in terms of their ability to survive financially and attract and retain qualified staff and physicians. While much remains to be done in this area, we are glad to see that recent efforts have begun to make a dent with regard to the deteriorating rural health situation.

New Yorkers, by and large, increasingly see a need to preserve rural environs, or at least to shield them from the ravages of unplanned growth or debilitating economic decline. A prime Commission goal is to balance the need to protect rural environs with the need for rural residents to earn a livelihood. While protection is warranted for both field and forest, this need not be achieved at the cost of human viability. Thus, we are as concerned with preserving the family farmer as we are with the farmland. The forester is as important as the forest.

In a state as populous as New York, we look to methods that will stop the rural "brain drain" and provide jobs for both semi-skilled and skilled workers. We believe this goal is compatible with preserving our rural countryside and heritage.

This year has been a challenging one. As always, the Commission has sought to keep the needs of New York's rural citizens in the forefront of state policy, projects and programs.

Herewith, then, the Annual Report of the Commission on Rural Resources.

Sincerely,

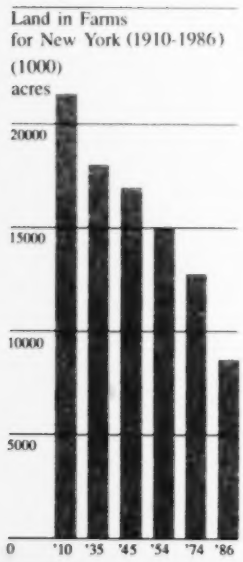
Charles D. Cook
Chairman

"remote rural ...localities must comply with state and federally mandated requirements... often on the relatively meager proceeds of a shrinking or stagnant tax base."

Photo courtesy of U.S. Dep't of Agriculture

Reprise 1988: A Glance at the Year

Pressed by burgeoning urban sprawl, some of the state's best farmland lies prey to encroaching development. The remaining farmers become increasingly distant from necessary support services and isolated from empathetic human contacts. Like falling dominoes, one farm after another quickly succumbs to the offers of developers.



Since 1910, New York state's acreage in farming has diminished by nearly two-thirds. This trend continued in recent years.

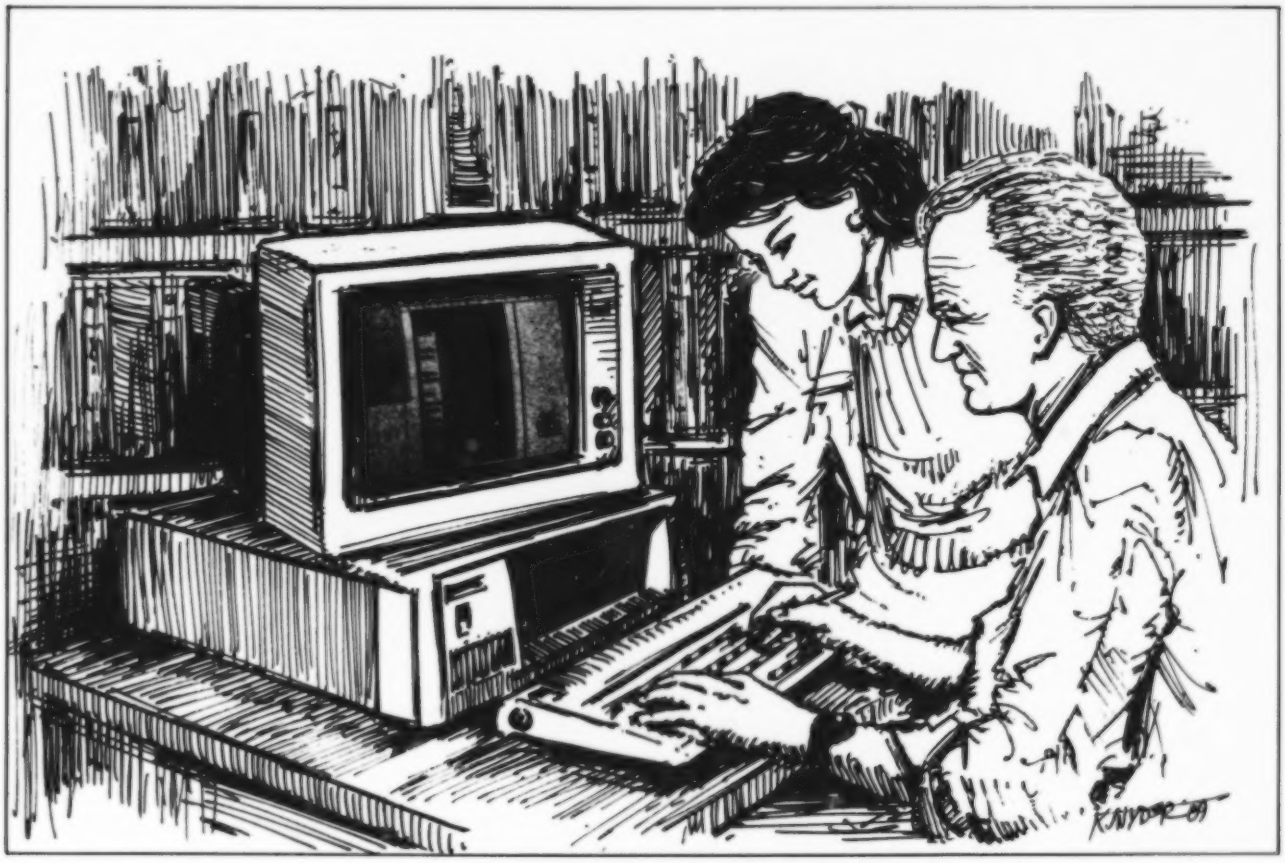
In New York, perhaps more so than in many other states with large rural populations, 'rural' is far from synonomous with agricultural. Although the Commission on Rural Resources applauds preservation of the considerable portion of New York that remains largely agrarian, it also seeks to assist rural citizens with a host of other challenges: in education, transportation, forestry development, housing, health care, viable business ventures, and building the capacity of local governments to plan for judicious growth and development, to name just a few.

The technical/information revolution of latter-day America not only has spurred rural development, it has also given rise to a complex regulatory environment. Rural local government officials, few of whom are full-time technocrats, need better coping mechanisms to deal with the stresses placed on their communities—whether by burgeoning growth, an aging population, the break-up of the traditional family and social institutions, the collapse of family farms, or the "falling domino effect" caused by the closure of a major local employer. Yet, despite recent federal and state budget cutbacks, they must provide mandated services and comply with intensified standards in everything from education to the environment. For most localities, this means heavier reliance on slim property tax revenues, at a time when New Yorkers already pay among the highest per capita state and local taxes in the United States.

The Commission has created a steering committee of state and local officials that will conduct a think-tank seminar for officials working in our most rural governments in May 1989. A group of experts will discuss modern challenges faced by these officials and ways the state may assist in dealing with them.

Rural constituents are increasingly turning to state government to help fill the gaps in federal rural development programs. For example, inadequate public transportation in rural areas continues to restrict access to health care, jobs, and community activities, hitting hardest at the rural poor, elderly, youth, and other transportation-disadvantaged groups. This year eight additional counties were selected to participate in the development of the Rural Public Transportation Coordination Program (RPTAP) administered by the Department of Transportation, as promulgated under Commission legislation.

Annually, upwards of $750 million is expended on school bus transportation in New York State. A bill broadening the powers of school districts to rent or lease school buses to provide rural transportation services was introduced by the Commission in 1988 and signed into law. The bill extends the powers of school districts to contract with not-for-profit organizations to provide



Local government officials must deal with an increasingly complex regulatory/fiscal environment and state mandates. Yet few of these dedicated public servants have access to the aids that could make their jobs easier. Computer-assisted budgeting, professional planning and grants-writing assistance are desperately lacking in most rural localities, even on a circuit-riding basis.

transportation for children in the agricultural child care program and with operators of a coordinated public transportation service created under the RPTAP. Under the bill, school districts are authorized to store, maintain, or repair motor vehicles used in such rural systems. They may also provide driver training for the operators of such vehicles.

For the first time, the Commission became actively involved in pursuing budgetary allocations to ensure that our legislative initiatives would not be impeded by lack of funding. These are detailed in this report's section on budgetary allocations.

We also actively pursued legislation to address needs for more affordable housing in rural communities, development loans for rural businesses, human services coordination, and to adjust educational aid disbursement for small schools and those in sparsely populated districts.

Commission member Assemblyman Coombe and Executive Director Ron Brach have begun to meet with local officials and citizens in the Catskill region to address broad-based water supply and quality issues. The area is undergoing intense development pressure which many fear will damage the water resources that are vital to urban water supply, recreation, fish and wildlife, forestry, and economic development. A technical symposium is being scheduled later in 1989 to address these issues.

The Commission is working with the Governor's Task Force on the Forest Industry on legislative proposals to tap the vast

economic potential of our forest-related industries. Principally, there is an urgent, crying need for coordination and cooperation among the numerous state agencies, committees, and associations involved in forest development in New York State.

Demand for adequate health care continues. This year, the Commission members and legislative colleagues continued their efforts to forestall further closures of rural hospitals. While rural dwellers might well be pleased with a large, high-tech medical facility that meets exacting standards, most would rather have 'half a loaf' than none.

When a rural hospital, deemed 'inefficient' by government regulators, is closed on the premise that rural residents are as entitled as their urban cousins to top medical care, the result is often less access to care than before.

Transportation difficulties, lack of health insurance (endemic among farmers and employees of small businesses) or private resources to pay for expensive care at a metropolitan facility, and the factor of distance tend to whittle away at the health care spectrum accessible to rural dwellers. Preventive care, follow-up visits, prenatal care, immunization clinics, rehabilitative therapy, and attendance at counseling/educational programs suffer when local health capacity is diminished. This is particularly true for the underinsured, the rural poor and migrant workers.

While this battle's not yet won, the breathing space gained since the closure proposals were put aside has been used to promote a reshaping of rural health policy and delivery systems more in tune with local needs and market trends.

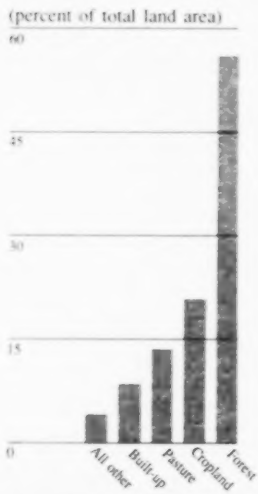
Along these lines, the Commission sought and the legislature approved budgetary allocations of $4.1 million to support measures that enhance the diversification and networking of rural hospitals and other health care providers. These programs are detailed in the budgetary allocations section.

The dire need for flexibility in the use of rural hospital beds has been realized for some years in other states. Over forty of them now employ "swing-bed" programs. These programs let small rural hospitals respond to varying levels of need for acute care, skilled nursing, respite, hospice and day care beds, and help make underused hospitals more economical. The Commission has worked actively with rural health care providers and the state Department of Health to bring the first demonstration projects in the use of swing beds to this state.

Recently, the Health Department instituted the SPARCS Platform Project, which will computerize the transfer of statutorially required data from hospitals to the Department of Health or to other hospitals. Rural hospitals with small administrative staffs should particularly benefit from this technology. The Western New York Rural Health Care Cooperative, a 16-hospital network in which state legislators are keenly interested, is doing a pilot project with the SPARCS system.

Proposed library standards that included a regulation that all libraries must have a librarian with a master's degree in library science by the year 2000 were revised this year after a concerted drive by the Commission, the Office of Rural Affairs, and many

Major Use of Land in New York (1986)



By the yardstick of land use, New York is still a largely rural state. Though a majority of New York's population is metropolitan, urban New Yorkers depend heavily on the state's rural regions for clean air, food, water, recreation, raw materials, scenic beauty and building sites.

concerned persons throughout the state. When the new standards are promulgated, they will probably feature some sort of in-service training program to improve the skills of rural librarians without proving an impossible burden to the often tiny budgets of small town libraries.

This was just one example of a recurring problem in state-local relations. Running the gamut from school course mandates to landfill closure deadlines, federal and state regulations are often handed down with little consideration of unique rural conditions.

A sparse tax base strains the ability of smaller entities to cope with the increasing level of 'mandates' passed down by well-intentioned officials. Aside from not having the necessary monies 'attached', such regulations are often geared to metropolitan environments, and frequently are inappropriate to rural exigencies. By constantly bringing this reality to the attention of rule-making bodies, and by trying to get rural members appointed to the relevant advisory groups, the Commission seeks to pre-empt some of the exhaustive effort required to redress oversights after the fact, through the legislative arena.

"...regulations are often geared to metropolitan environments, and frequently are inappropriate to rural exigencies. By constantly bringing this reality to the attention of rule-making bodies, and by trying to get rural members appointed to the relevant advisory groups, the Commission seeks to pre-empt some of the exhaustive effort required to redress oversights through the legislative arena."

As always, the Commission and its staff are constantly in touch with rural constituents. Our widely-distributed newsletter, *Rural Futures*, provides information on many significant trends that shape rural life in this state. The newsletter also furnishes contact names and numbers for federal and state programs, and describes innovations that states or communities have applied successfully.

The Commission and its staff also gather feedback on rural needs that can be incorporated into future legislation. State legislators call on Commission staff to help with special projects that address the needs of communities they represent.

We continue to conduct exhaustive, in-depth research. This year a survey was sent to local governments to assess the effectiveness of the federal Community Development Block Grant Program for smaller communities. The Commission is working on ways to remove impediments which tend to make CDBGs less accessible to small rural governments in New York State. Several other research projects are detailed in the section on publications.

There are many challenges ahead for rural New York. Although the needs of the state's heavily populated areas typically take precedence in state government, the Commission continually seeks to reaffirm the important role that a healthy rural sector can play in a state that is still largely rural from a geographical standpoint.

As playground, breadbasket, provider of an alternative life style, and producer of raw materials for the state's burgeoning economy, rural New York is of utmost consequence to every citizen in the state. The Commission's goal and responsibility is to recommend to state legislators ways to secure its continuing vitality.

Rural health needs differ in some respects from those of metropolitan areas: there are high rates of automotive, farm-related and logging accidents. There is much exposure to pesticides and other job-related chemicals. For a large proportion of rural residents, the primary access to care consists of visits to hospital emergency rooms. Lack of health insurance is endemic among rural dwellers. Rural hospitals have a high proportion of elderly, indigent, and under-insured patients, yet frequently qualify for only the lowest reimbursement levels.

Budgetary Allocations:

In order to ensure that our legislative initiatives would receive sufficient funding, the Commission this year became actively involved in procuring relevant budget allocations. A $4.1 million package of six rural health initiatives and over $800,000 to facilitate local rural public transportation and road improvement were included in the state budget at the Commission's behest. The items included:

- $1,000,000 for the Rural Health Care Diversification Program. Four awards were made in December 1988. These will enable rural hospitals to meet crucial needs through conversion and expansion, and/or to provide more cost-effective service through affiliations, mergers or shared services. The recipients were: A. Lindsay & Olive B. O'Connor Hospital in Delhi ($150,000), Chenango Memorial Hospital in Norwich ($205,000), Community General Hospital of Sullivan County in Harris ($225,000), and Moses Ludington Hospital in Ticonderoga ($250,000). (Last year, a similar appropriation was shared by Johnstown Hospital, Community Hospital/Skilled Nursing Facility in Stamford, Cuba Memorial Hospital/Skilled Nursing Facility, and Placid Memorial Hospital in Lake Placid.)

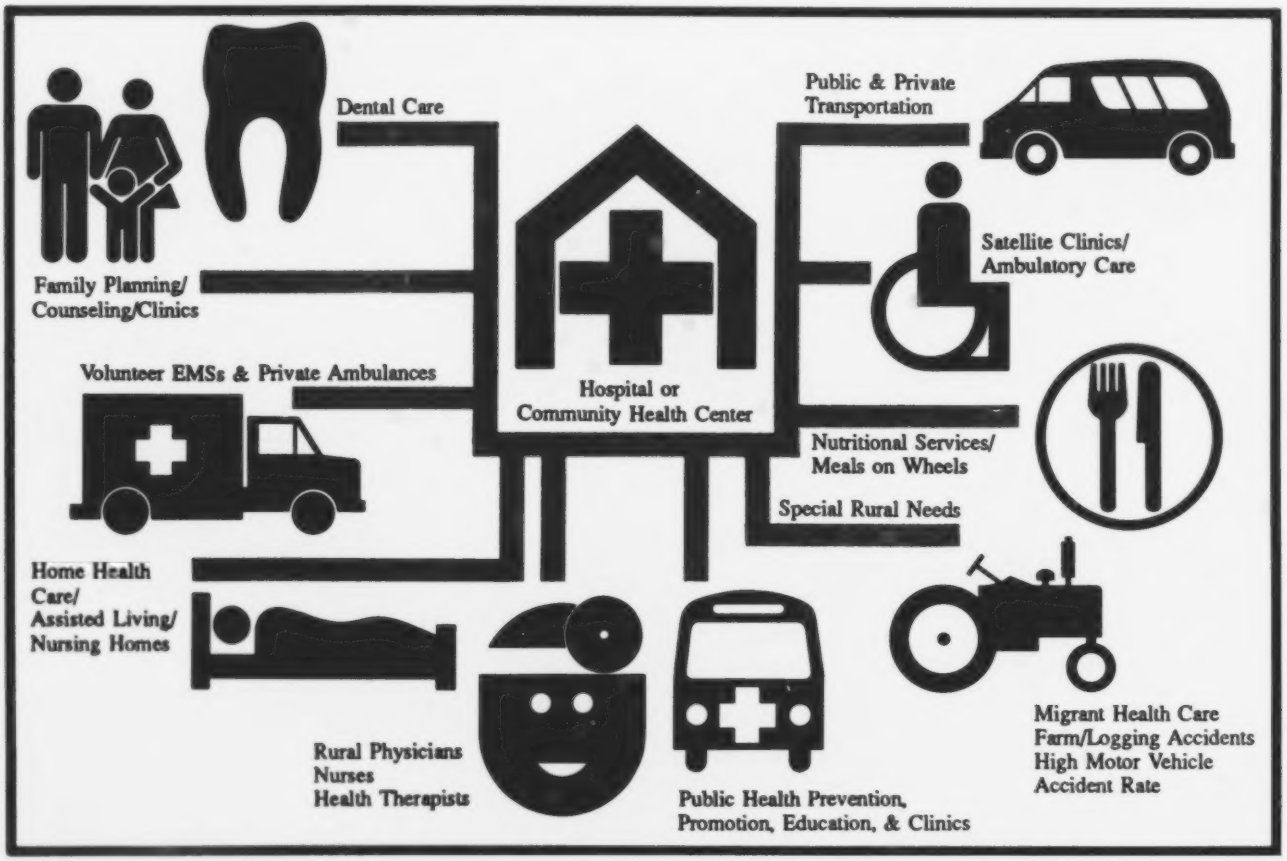
- $1,000,000 for the Rural Health Care Development Program. A

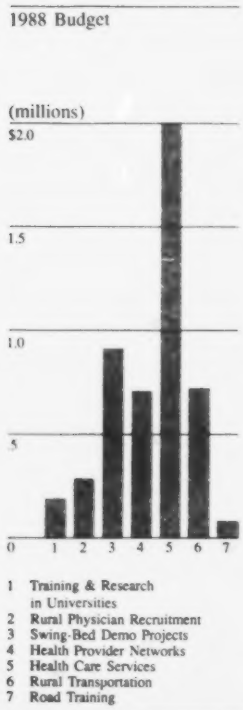
Request for Applications was issued in January 1989. Awards will be made in April 1989.

- $700,000 to fund the implementation stage of rural health provider networking projects that coordinate delivery, provide economies of scale or increase the numbers of recipients served. The Rural Health Network Demonstration program was established in 1986 in the Department of Health, as a result of legislation developed by the Commission. The program was designed to provide grant money and technical assistance for planning and development (and eventually implementation) of linkages among independent rural health care providers. Six grants (for the planning stage) were awarded for 1988-89 to: Chenango Memorial Hospital ($48,640), United Health Services/Delaware Valley Hospital ($40,000), Genesee County Health Department ($37,125), Orleans County Office for the Aging ($44,250), Benedictine Hospital/Kingston Hospital ($48,640), and Hudson Headwaters Health Network/Warren County EMS Association ($48,640). (Seven projects funded last year, and eligible for continued funding, were: Home Health Care of Cattaraugus County, Lake Shore Hospital in Irving, Community General Hospital of Sullivan County, the Rushville

Feasible provision of health services in rural hospitals and family health centers was stimulated by a number of budget allocations advanced by the Commission. They emphasized projects that coordinate and diversify health care services, address special rural needs, and hold the potential of delivering a broadened spectrum of care that's accessible to all members of the community.

Cooperative Rural Networks and Affiliations





1988 was the first year in which the Commission sponsored budgetary measures, in order to ensure that rural legislative initiatives would not be impeded by lack of funding.

Health Center, Northern Dutchess Hospital in Rhinebeck, Tioga County Health Department, and Family and Community Services of Delaware County.)

- $900,000 for 'swing-bed' demonstration projects. Swing-bed projects allow beds in small rural hospitals to be used interchangeably for acute care or extended care. Applied in over 40 other states, the availability of swing beds increases the efficiency and services of small hospitals. It's a good example of the freedom from excessive regulatory restraints the Commission advocates.

- $318,000 for rural physician recruitment, retention and clinical training. Conducted through the State University of New York at Buffalo Medical School, the grant provides for the establishment of an Office of Rural Health at the Medical School, research and computer networking support for the newly established Western New York Rural Health Care Cooperative, creation of a family medicine clinical residency site in a rural county, and a feasiblility study on replicating the program at other medical schools in the state.

- $200,000 for university-based rural health research and training programs. These graduate programs will prepare prospective health administrators and professionals to work in rural settings. They will also stimulate rural-oriented health research and establish clinical residencies in rural public health. The recipients chosen were Cornell University, New York Medical College and Union College.

- $703,000 to extend increased aid to counties for planning and start-up of rural public transportation programs under a previously enacted Commission bill. That bill was aimed at aiding transportation-disadvantaged people obtain better access to health care, human services, education, and employment opportunities. Eight counties (Chenango, Cortland, Madison, Montgomery, Otsego, Schuyler, Steuben and Wyoming) were recommended to receive grants in 1988. Chemung County was recommended to receive a second year grant.

- $100,000 for training and technical assistance to local governments for road construction and maintenance. This amount funds the Cornell University Technology Transfer Program which trains municipal highway personnel in new technologies.

School buses can be used more efficiently in coordination networks with other rural human services. "School buses don't wear out, they rust out"—a rural school superintendent.

Legislative Activity:

Fourteen bills drafted by the Commission and sponsored by members were introduced during the 1988 legislative session. In a year characterized by budget shortfalls, few bills that required additional monies could anticipate passage. The single bill enacted into law provided for:

- A program to utilize school buses for rural public transportation. The bill allows school districts the option of using their buses during daily and seasonal off-use periods to fill other transport needs. The service would be especially helpful to not-for-profit providers of day care and senior programs, who presently must run their own fleets of vehicles.

Other Legislative Activity

These bills were passed by the Senate and Assembly, but vetoed by the Governor:

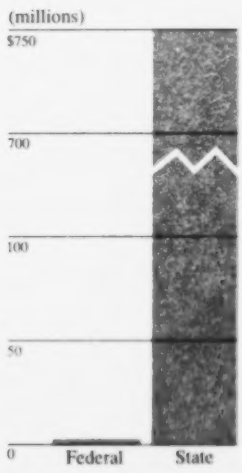
- A grant program for pilot joint human service programs among not-for-profit agencies.

- Creation of a New York Forest Resource Industry Council to capitalize on existing federal, state and local forest/wood products development resources. The intent is to secure the retention and expansion of the industry.

The following bills were passed by the Senate only:

- A restructuring of the state Council on Home Care Services to include rural membership.
- A restructuring of the state Hospital Review and Planning Council to include increased rural membership.
- A restructuring of the Public Health Council to include rural membership.
- Creation of a Groundwater Management Coordinating Council, a primary function of which is to assist in the establishment of demonstration groundwater management programs in localities.
- Creation of a state Interagency Rural Health Council.
- Creation of a Rural Health and Human Services Coordination Program for counties under 200,000 population.
- Amendment of the Education Law to provide additional state aid to rural school districts having a combined wealth ratio of 1 and 5/10 or lower and 25 or fewer pupils per square mile.
- Amendment of the Education Law to provide additional state aid to rural school districts which enroll less than 1000 pupils.
- Granting variances from state building codes to permit the occupation of partially completed dwellings by homeowners who are constructing their own homes.
- Establishment of state and county Rural Development Loan Programs within the New York Business Development Corporation to increase loans to small rural businesses.
- Creation of a Local Roads Research Board to fund pilot projects and studies for innovative development of low-volume road and bridge repair, maintenance and construction.

NY State School Bus and Federal Rural Transit Spending (1988)



State and local governments in New York spend nearly $750 million annually on school bus transportation, while the federal government spends less than $10 million on rural transportation in the state. The Commission continues to seek ways of widening community access to school transportation resources in rural areas.

18

1988 Commission Reports

Enhancing New York's Forestry Industry: A Targeted Approach.

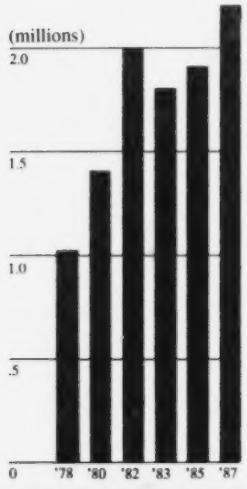
This report summarizes a November 1987 meeting held by the Commission which brought together New York forestry associations, state agency officials, and legislative staff. At earlier hearings, representatives of the forestry industry had expressed disappointment that opportunities for forestry development have not received sufficient state attention and coordination.

The economic contribution made by the forestry industry and related spin-offs is considerable. There are approximately 500 sawmills in New York collectively generating 500 million board feet of lumber annually. Alone, they add $60 million to the state economy, with pulp and paper processing representing another $150 million.

The report includes action strategies for seven policy areas: forestry education, secondary processing of wood products, resource assessment, organizational restructuring, forest land taxation, research and development, and marketing assistance.

Forest management activities on state lands provide valuable wood to local industries, which translates into jobs and economic vitality. This husbandry also provides an improved habitat for wildlife and trails for hikers, riders, skiers, and hunters.

Forest Product Sales on State Lands (DEC)



New York has an abundance of high-quality, widely distributed timber. This resource provides recreation, wildlife refuge, and raw material for the state's citizens and economy. The untapped potential of the state's forestry resources could be used to increase development of the "value added" end of the industry: secondary wood products ventures.

Enabling Rural Hospitals in New York State to Provide Swing-Bed Care.

Rural hospitals providing swing-bed care could be equipped with day rooms or solariums, similar to this one at the Community General Hospital of Sullivan County.

During a series of statewide hearings on health care delivery and a major health symposium held last year, the Commission, under Senator Cook, and the Department of Health, under Commissioner David Axelrod, MD., became convinced that bringing this program to New York would increase the efficiency of rural hospitals in providing a wider range of services to their respective communities.

Over 950 rural hospitals in more than 40 states employ swing beds to great advantage. Tending to range widely over the course of a year in bed quantities needed depending on seasonal and other factors, rural hospitals without swing beds may have an excess of acute care beds in one season, and a dearth in another. Also, the communities are generally lacking in such services as adult day care and hospice care. And since rural nursing home space is generally inadequate and home health care often infeasible, swing beds have proved to be a thrifty, logical means of using a rural hospital's bed resources.

The report discusses the swing-bed model, its application in other states, the federal requirements, the reimbursement and regulatory environments, and the elements and strategies which may predetermine success in application of this tool.

Integrating School Transportation Resources into Coordinated Rural Public Transportation Programs: A Proposal to Increase Access to Community Services for Transportation-Disadvantaged Persons.

This report details the methods by which school districts could incorporate their bus services into rural public transporation coordination programs as envisioned under Commission legislation passed in 1986.

The report addresses the objections to a proposed expanded use of school districts' buses for the enhancement of rural public transportation services. These included concern with the conceivable disadvantage to private bus operators and the mistaken notion that a loss to school districts of state transportation aid would result.

One of the benefits which should accrue to school districts opting to take advantage of this measure is an increased cost-effectiveness of school buses. Also, highly-trained school-bus drivers with special skills can enjoy full-time employment. A peripheral advantage of the program is the distribution of the cost of equipment, maintenance, drivers and storage over more users.

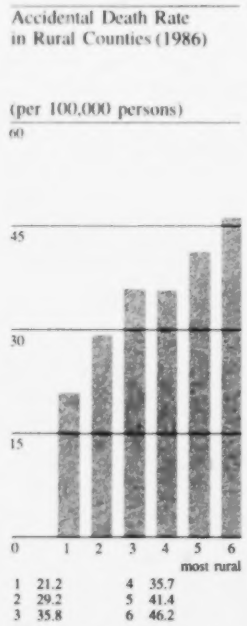
Our Disappearing Farmland: Proceedings of the Farmland Preservation Conference.

In response to the growing concern over the loss of prime farmland in New York State, a conference was held in July at SUNY Cobleskill, jointly sponsored by the New York State Legislative Commission on Dairy Industry Development, the New York Farm Bureau, and the Legislative Commission on Rural Resources.

The conference covered the present status of New York State farmland, existing preservation programs and alternative options. It also examined the strategy known as 'Purchase of Development Rights' as applied in Maryland, Massachusetts and Connecticut.

Various implementation strategies are suggested, along with tools that private farmland preservation interests have found successful.

Appendices contain brief reviews of farmland preservation techniques in a number of other states.



The accidental death rate in our most rural counties is higher than in the more metropolitan ones. This phenomenon is partly attributable to higher rates of driving by the public and higher rates of farm-related, mining and logging accidents. Another factor is time—the distance rural emergency vehicles must travel between accident sites and hospitals.

From the left: Joseph Gerace, director of the Office of Rural Affairs, Senator Cook, and David Kaufman, Chairman of the Sullivan County Board of Supervisors, at the Office of Rural Affairs' second annual fall conference.

Networking

There are frequent requests for Commission input at national and statewide conferences and symposia on rural development issues. Senator Cook and Executive Director Ronald C. Brach put in countless hours at such meetings, and sit on a number of task forces that address crucial rural issues—in health, education, transportation, economic development and local government.

The State Department of Transportation requested that the Commission give testimony at a statewide conference on surface transportation needs through the year 2020—part of a national assessment and program development effort designed to make recommendations for continuation of the national commitment to highways, roads, bridges and public transportation. The Commission's testimony put special emphasis on the very large, but underfunded, system of local roads and bridges that plays a vital role in rural and urban areas. There are about 90,000 miles of local roads in the state, and 15,000 miles of state-owned highways. The lack of comprehensive data and standards for local roads tends to preclude effective projections and policy development regarding future capital investment needs.

"There are frequent requests for Commission input at national and statewide conferences and symposia on rural development issues."

Senator Cook has been requested to represent rural interests on a number of legislative committees. This year, for example, he is a member of the advisory group on health planning to the Council on Health Care Financing, chaired by Senator Tarky Lombardi Jr., as well as a member of Senator Lombardi's Task Force on the Recruitment, Training and Retention of Home Care Workers. He also serves on the Advisory Committee on Rural Health of the U.S. Department of Health and Human Services.

Senator Cook was elected Chairman of the State-Local Relations Task Force of the National Conference of State Legislatures, Assembly on the Legislature, effective Dec 1, 1987 through November 1988. The task force has met several times this year, discussing such topics as state restrictions on local municipal bond offerings, comparison of local revenue systems, the fiscal effects of state takeovers of local court systems, the 'new federalism' and related topics.

In addition, Senator Cook chairs the Senate Committee on Local Government, and serves on the state Interagency Coordinating Committee on Rural Public Transportation, the Committee on Expanded Health Care Coverage for the Uninsured and Underinsured in the state Department of Health, and the Advisory Committee on Agriculture and Rural Development of the Council of State Governments. He participates at myriad federal, state, and local gatherings; among them he:

- spoke on rural health and related ramifications at the Medical Society of Niagara County in January, 1988.
- spoke at the National Governors' Association Task Force on Rural Development in Raleigh, North Carolina.
- participated in and spoke at the National Conference on Reconnecting Rural America in Omaha, Nebraska, on the topic of the demographic, economic, and transportation challenges facing rural America.
- was keynote speaker at the Rural Transportation Conference in Syracuse, sponsored by the Department of Transportation.
- spoke at the Northeast Regional Rural Policy Workshop in Syracuse, sponsored by the Texas Agricultural Extension Service.

Chinese and American rural health professionals exchange information and experiences gained in coping with their respective rural health needs. The U.S. team found the Chinese three-tiered rural health network model relevant to health challenges in rural America. Mr. Brach's visit to China was sponsored by the U.S. Citizen Ambassador Program.

Mr. Brach, on behalf of the Commission, presented a paper and served as an advisor for a national Rural Development Symposium sponsored by the Joint Economic Committee of Congress. A major consideration was to accurately define rural needs and diverse conditions. This assessment was followed by suggestions to strengthen and promote innovative federal-state-local, public-private partnerships. The creation and work of New York's Legislative Commission on Rural Resources was of major interest to participants.

During 1988, Mr. Brach served on three task forces in the State Department of Health: the Task Force on Migrant Health Care, the Rural Health Network Task Force and the Medevac Task Force. With the U.S. Department of Agriculture, he sat on a Task Force on Rural Public Transportation.

He is also on the Interagency Small Business Task Force of the N.Y.S. Department of Economic Development, and an advisor to the Governor's Task Force on N.Y.S. Forest Industry Development.

This year, Mr. Brach was invited to serve on a national delegation on rural health to the People's Republic of China, under the sponsorship of the U.S. Citizen Ambassador Program.

Mr. Brach also represents the Commission at numerous functions in New York and around the country. Just a sample from his "on the road" file:

- N.Y.S. Supervisors and County Legislators Association, Annual Conference.
- Central Hudson Soil & Water Conservation Association, Annual Meeting.
- American Society for Public Administration, Annual Conference.
- N.Y.S. Home Care Association, Annual Conference.
- N.Y.S. Rural Schools Program, Annual Conference.
- National Lieutenant Governors Association, Annual Conference.
- National Association of Counties, Annual Conference.
- Northern Oneida County Council of Governments, Annual Meeting.
- U.S. Congress Joint Economic Committee, Rural Development Symposium.
- University of Buffalo Medical School, Rural Health Symposium.
- Hospital Association of N.Y.S., Annual Conference.

Policy Research and Information

"So weighted are [socioeconomic statistics] in favor of trends in populous areas of the state, that evidence from rural areas is frequently masked."

Statistics based on New York's overall performance in any socioeconomic category are deceptive. So weighted are they in favor of trends in populous areas of the state, that evidence from rural areas is frequently masked. This tends to be true even when rural trends are opposite to those prevailing generally in metro areas. For example, we've recently observed crushing blows dealt a number of small towns when their major employers shut down. Yet state data reflect some of the lowest unemployment figures ever. Of course, policy and programs swiftly follow where data show the way. And so they should. But the onus on the Commission is to show where rural areas experience relative deprivation, and what special kinds of assistance may be needed to address their special problems.

While every state agency has a massive compendium of data and studies, the Commission has found that it's frequently unsifted with regard to specifically rural trends. Discerning the direction of rural economic development, demographic changes, or the efficacy of state initiatives in health, education, or any other area becomes extremely difficult.

To remedy this, the Commission has conducted and sponsored exhaustive research and discussions in a number of areas, with special emphasis on rural New York: agriculture, economic development, housing and community development, demographics, education, environmental/land use concerns, local government, health and human services, forestry and transportation.

Listed here are the publications that have resulted and are still available:

Commission Publications

Rural Futures. The Commission's Monthly Newsletter.

Our Disappearing Farmland: Proceedings of the Farmland Preservation Conference. July, 1988.

Enabling Rural Hospitals in New York State To Provide Swing-Bed Care. April, 1988.

Integrating School Transportation Resources into Coordinated Rural Public Transportation Programs. April, 1988.

1987 Annual Report of the New York State Legislative Commission on Rural Resources. March, 1988.

Enhancing New York's Forestry Industry: A Targeted Approach. February, 1988.

Access to Capital: More Than Survival For Rural Hospitals and Nursing Homes. September, 1987.

Regulating Rural Primary Ambulatory Care Service Centers: A Case Study Illustrating the Need for Administrative Review. September, 1987.

Rural Health Resource Guide: A Compilation of Data and Information on Rural Health in New York State. August, 1987.

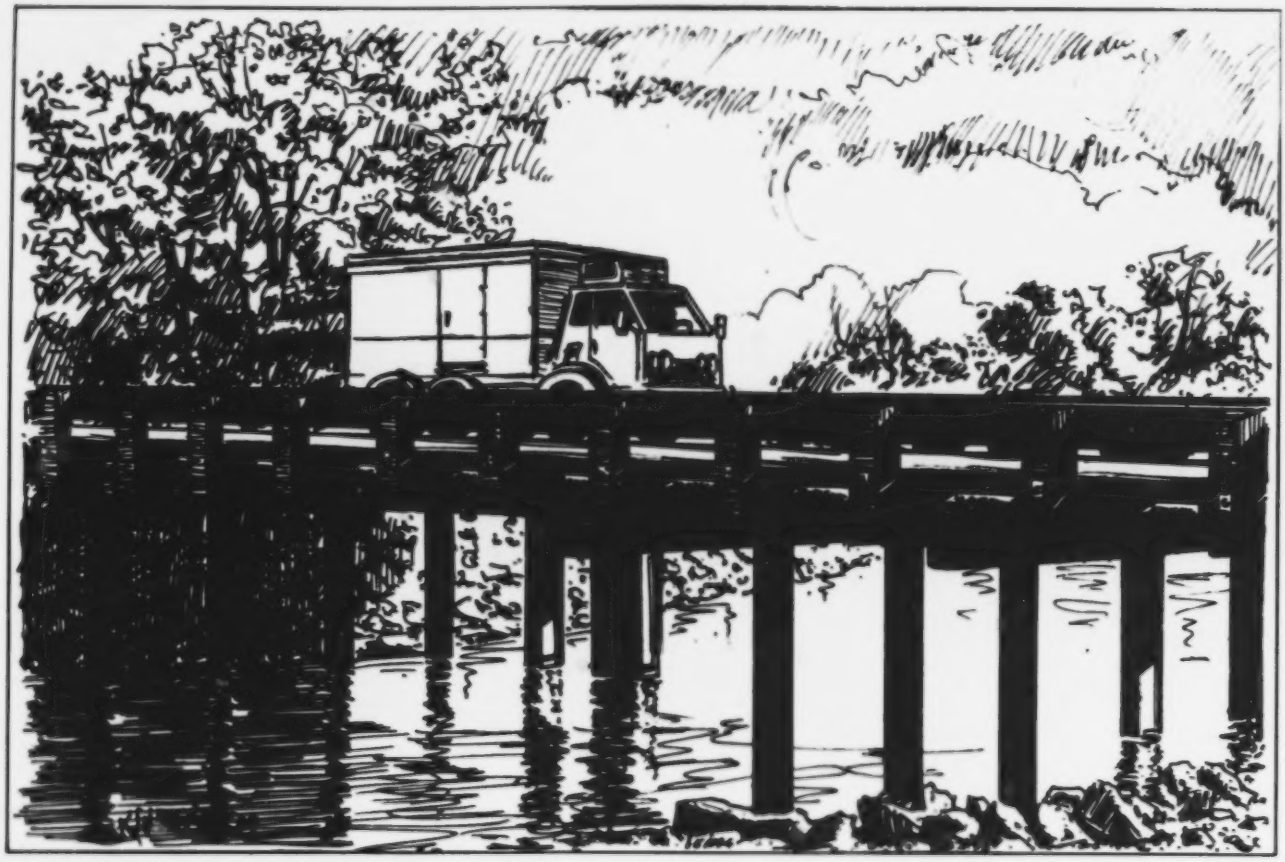
The Design of a Rural Health Services System for the Next Two Decades: Report of the Second Legislative Symposium. August, 1987.

1986 Annual Report of the New York State Legislative Commission on Rural Resources. December, 1986.

Toward a Rural Health Policy in New York State: A Special Focus Report. April, 1986.

Distressed Farm Family Assistance: A Legislator's Guide. April, 1986.

Government and Management in Rural N.Y.S.: An Action Strategy. November, 1985.



Vast numbers of rural bridges are in dire need of repair or replacement across the state. Advances in the treatment, preservation, and lamination of wood have again made timber a competitive material in rural bridge construction.

1985 Annual Report of the New York State Legislative Commission on Rural Resources. October, 1985.

Business, Economic Development, and Employment in N.Y.S.: An Action Strategy. October, 1985.

Elementary, Secondary and Higher Education in Rural N.Y.S.: An Action Strategy. September, 1985.

Intermunicipal Cooperation: A Survey of Local Governments: A Special Focus Report. August, 1985.

Environment, Land Use and Natural Resources in Rural N.Y.S.: An Action Strategy. July, 1985.

Agriculture in Rural N.Y.S.: An Action Strategy. May, 1985.

Community Facilities, Housing and Community Renewal in Rural N.Y.S.: An Action Strategy. April, 1985.

Transportation in Rural N.Y.S.: An Action Strategy. March, 1985.

Human Services and Community Life in Rural N.Y.S.: An Action Strategy. March, 1985.

Cherry Valley farmer Bob Scramlin helps Bassett Farm Safety and Rural Health staff demonstrate the operation and potential hazards of farm machinery to local rescue teams.

Rural New York in Transition: A Report of the First Statewide Legislative Symposium with Public Commentary. January, 1985.

Socioeconomic Trends in Rural N.Y.S.: Toward the 21st Century. Researched and written for the Commission by Paul R. Eberts, Cornell University. September, 1984.

Educational Telecommunications in Small Rural Schools. July, 1984.

New York State Population Maps: Separate maps are available illustrating New York State's population density by town and New York State's population change by town for the decade 1970-1980.

August 27, 1988 **The New York Times**

On the Road to Ending Rural Isolation by Forging Bus Links

BY WILLIAM ROBBINS

OMAHA, Aug.25 —Transportation specialists grappling with rural America's problems of growing isolation in an increasingly urban nation have found some innovative solutions scattered from upstate New York to northwest Nebraska and central Virginia to the Ohio shores of Lake Erie.

And they have found new ways to link once abandoned stations to Greyhound Lines, the only surving national network of bus routes.

The solutions, shared at a three-day conference here this week by about 100 specialists from several Federal and state agencies and transportation companies and associations, were set against a backdrop of economic decline, aging populations and the growing isolation of many rural areas that has followed the passage of the Bus Regulatory Reform Act of 1982.

That legislation permitted widespread abandonment of bus routes serving small towns and villages, leaving many of their poor and elderly cut off from the outside world.

According to a study by the Interstate commerce Commission, more than 4,500 communities saw their bus service reduced from 1982 to 1986, and 83 percent, or about 3,750, of those lost all intercity passenger service. The conference theme was "Reconnecting Rural America."

Mergers in Upstate New York

The conferees discussed ways to ease the isolation. Among the first to offer a case in point was an upstate New York legislator, State Senator Charles D. Cook, chairman of the Commission on Rural Resources. He cited a transit system serving Elmira and surrounding Chemung County, which had merged the operations of several Federal agencies into its transportation system.

In the process, Ron Brach, director of the Rural Resources Commission, and Tom Freeman, general manager of the Chemung County Transit System, said in interviews, the system was able to expand service, provide more convenient schedules and do it all with less money and fewer vehicles.

The original plan, financed with a $25,000 demonstration grant from the state, was the idea of Mr. Freeman. "This has given us the courage to expand the program to all 44 of our rural counties," Mr. Brach said.

The Elmira and Chemung County system could easily become a part of a projected national network of Greyhound's intercity routes and local feeders, according to Fred G. Curry, the company's new owner.

Since July 1987, when it acquired Trailways, Greyhound has become the only surviving national bus service. Since then, Mr. Currey said, he has been "looking for ways to reconnect urban America with rural America."

"We have found new ways to provide public transportation to rural areas that can no longer support a $200,000 47-passenger bus," he said. Among them were new local agencies that have already begun to feed passengers into Greyhound's route system.

One, he said in an interview, is a new transit system organized by a Sandusky, Ohio couple who run passenger vans on a circular route through towns once served by Greyhound.

The service, started in March, now serves 800 passengers a month and transfers 55 percent of them to Greyhound buses at a shared station.

What he envisions, he said, is a national system incorporating private lines and others operated by public agencies that are now partly financed with public funds, including about $100 million a year now provided by the Urban Mass Transit Administration.

Another feeder for his system, Mr. Currey noted, is a private, nonprofit line called Jaunt, Inc. based in Charlottesville, Va., a combination of service in two counties for public passengers and elderly, retarded and handicapped clients of Federal agencies. With 29 vehicles ranging from passenger cars to 14-rider vans, said Linda Wilson, operator of Jaunt, who attended the conference here, she provides the same service at lower cost than local agencies of the Department of Health and Human Services provide in thousands of rural counties.

Greyhound now is linked with 36 feeder lines, both public and private, in nine states, Mr. Currey said, noting that Greyhound pays them commissions on the passengers they deliver, often shares its terminals and shares promotional efforts.

"I don't know how far we can go," he said. "How fast depends on how fast we can acquaint all parties that rural mobility is essential and that using those local systems in a national network can work to everybody's benefit."

Martin Fitzpatrick, administrator of the Agriculture Department's Office of Transportation, who is one of the conference organizers, agreed. "We don't have to re-invent the wheel," he said. "What we have to do is use the network we have. We have to work smarter, not harder."

Curiously, he noted, the conference might never have materialized had it not been for Representative Virginia Smith, Republican of Nebraska, and a drive by fellow Nebraskans to save a route run by buses belowing to Arrow Stage Lines from Omaha across 550 miles of sparsely settled Nebraska hinterlands to Rapid City, S.D.

As ridership declined and the owners found themselves losing money, towns raised funds, Mrs. Smith sought the aid of the Department of Transportation, and State Senator Howard Lamb persuaded the Nebraska Legislature and Gov. Kay Orr to provide an $150,000 appropriation to keep the line running.

But the key to keeping the line running, as in other such rural areas across country, will be its success in finding new money and generating continued support of its clients, said the owner, C.D. Busskohl of Norfolk, Neb. "The harsh reality is it probably won't work unless we find another source of funds," he said.

Local Health Planning Should Move Away From Regulatory Responsibilities

by Senator Charles D. Cook, Chair
Legislative Commission on Rural Resources

Thank you for this opportunity to personally transmit some of the impressions gleaned by the Commission on Rural Resources from our hearings and meetings over the past two years.

Let me say at the outset that we are most appreciative of your efforts. The Commission on Rural Resources has a great interest in the issue of access to health care for the 3,000,000 residents of rural New York. Our role, however, is largely that of an advocate. It remains for persons such as yourself to actually make the necessary policy initiatives to implement our recommendations.

My comment with regard to present health planning activities in New York is presented somewhat reluctantly. I was an early supporter of obtaining funding for the Health Systems Agencies to replace lost federal revenues. These agencies are, in general, composed of talented, intelligent and dedicated people and in fact continue to perform a significant service.

I cannot, however, ignore the testimony heard repeatedly during our Commission hearings, that the HSAs have become primarily a regulatory and administrative adjunct to the health department; and that many of them do little, if anything, to articulate the viewpoint of health care providers and consumers within their areas; or to foster the kind of grass roots needs analysis and creative responses that are necessary to build a health care delivery network that grows out of the identified needs and concerns of local people. All too often, they are preoccupied with attempting to translate the arbitrary and fictional numbers emanating from the health department into policy "recommendations" which in fact reflect health department policy. This process gives health department regulations a phony claim to legitimacy through their contention that the HSAs are grass roots organizations which espouse the local viewpoint.

It is ironic that in a time when health care providers are being urged to be innovative and creative, their efforts are squelched because they do not fit into somebody else's preconceived scheme.

Neither does the presence of special local circumstances in an area seem to get very much weight. A ski area, a college, a free standing nursing home, a prison — any number of special kinds of facilities can dictate the needs of a local health care delivery system. Yet too often it seems that the planners revert to their standarized charts and graphs and make decisions based on sterile numerical data rather than the necessity of responding to an area's identified need.

Furthermore, planning organizations seem bent upon using very large statistical areas in doing their analysis. A six or seven county area may not have a particular need, as identified in the standarized charts; but there may well be localized parts of that area where the need is very crucial.

People appointed to regional agencies tend to be very intelligent and aggressive. Unfortunately, I think they sometimes are intrigued by the latest theories and philosophies of the academicians — whose books sell best if they say something nobody else has ever said. While it is good to be lifted above the mundane and to think of the health care delivery system in macro-terms of the next quarter century, it is equally important to make decisions firmly grounded in today's realities. Planning organizations tend to make quantum leaps into the next century without giving very much attention to the needs that will continue to exist during the next decade.

I appreciate that health care system design cannot be left to the whim of market forces.

But I likewise appreciate that sterile planning that is grounded on generalized principles and statistical assumptions also has a very large margin for error.

It is my recommendation that local health planning structures ought to be built which will not have regulatory responsibility and which will be in a position to act as advocates for locally identified health needs. The HSAs, if they are to be continued, should then be placed in a position as arbitrators between the health department by virtue of their present revenue stream. If they are to perform this arbitration role, they must be made fully independent of the regulatory agency so that they can render decisions based on their informed, professional understanding of both sides of an issue; without feeling an obligation to defend or promote the policies of the health department.

While local planning committees may indeed tend to be a bit myopic and provincial in their thinking; they at least would possess a thorough working knowledge of what needs and resources are immediately at hand. They should continue to be challenged and nudged toward looking at their futures, but local providers should not have to do so under the threat of having their very existence terminated immediately if they do not conform to somebody else's program. Ultimatums from the health department and the umbrella planning organizations translate into self-fullfilling prophesies, as personnel, suppliers, and even patients begin drifting toward alternatives. By the time someone on the hit-list has exhausted their appeals process, they may very well have been bled to the point of extinction through the expectations created by planners. Consumers of health care should not have to make provider choices through a sense of panic that they had better line up a new source of service because the present one is about to be obliterated.

Furthermore, community based planning can involve human service agencies, educators, transportation providers, emergency volunteers, and local government officials in ways to emphasize linkages among the various institutional disciplines, in ways that they can support and complement each other.

All of this is presently possible and has not frequently occurred. The reason, more often than not, is the feeling that whatever they may plan to do, it will be the regulators who will ultimately determine what happens. Until we remove the fatalistic cloud, we cannot really anticipate widespread local plannning of the sort that is both destreable and desperately needed.

Health Professionals Tour Rural Facilities in China

By JAY SCHLEICHKORN,PhD,PT

"Strong emphasis on preventive medicine, primary care, health promotion and personal responsibility have led to spectacular improvements in the health status and quality of life in China," said Ronald C. Brach, executive director of the New York State Legislative Commission on Rural Resources in Albany.

Mr. Brach was among a group of 20 rural health professionals who recently served on the U.S "People to People" rural health delegation to China. He was selected to participate in the two-week trip by the People to People Citizens Ambassador Program headquartered in Spokane, Wash., sponsors of the trip, following recommendations by various leaders in rural health.

The delegation, led by Kevin Fickenscher, MD, director of the Center for Rural Health Policy and Research at the University of North Dakota, discussed various aspects of rural medicine and health care in technical exchanges with Chinese counterparts.

"People from almost all facets of health care were represented on the trip," Mr. Brach said. "Everyone had an opportunity to explore aspects of particular interests at various locations in China with officials and practitioners. This helped as the group was small and many opportunities for formal and informal exchange were provided." He also praised the arrangements leading to many field visits to facilities in rural areas.

"Specifically, in New York State," Mr. Brach said, "we are interested in exploring the certification of special personnel for rural-health care as well as the development of new types of health-care facilities. The personnel would be more generalist versus specialist; likewise, the rural facilities would be in the nature of community health centers as opposed to general hospitals." During the visit, he saw this intermediate level of care in operation, addressing rural health needs.

Referring to physical therapy and rehabilitation, Mr. Brach visited a specialized orthopedic hospital in a rural county in China. In the facility, he observed the utilization of both traditional Chinese medicine (acupuncture, herbal medicine and moxibustion) and Western methods.

"These were used to treat fractures as well as arthritic conditions. Physical therapy was an important ingredient in recuperation following surgery," he said.

Mr. Brach also observed that the Chinese people place a great deal of emphasis on prevention through physical exercise for all age groups. "Between 1952 and 1982, life expectancy among the Chinese people more than doubled from 34 to 72 years. Now, a growing number of urban-based academic and medical professionals in China decry the lack of state-of-the-art medical facilities."

The visitors noted that the Chinese government is concerned the medical establishment is succumbing to the same lure of costly, high-tech and prestigious treatments and precedent-setting operations with which critics fault the modern U.S. health system. In China, having limited resources, such procedures would have to be funded at the expense of basic primary and preventive care — where overall societal gains in health status and quality of life have proved to be higher.

Mr. Brach was impressed with the fact that China has a staggering array of other societal and capital development needs in such areas as housing, infrastructure, and business/industrial expansion. Thus, of necessity, the Chinese must select the most cost-effective among competing health proposals by adopting an investment strategy that places spending caps on high-tech health programs that produce only marginal gains to a relatively few citizens.

Eighty percent of China's population is classified as rural, in a country which is the third largest in land area, and where per capita income among the 1.1 billion Chinese people is just $350 a year.

The American visitors learned that China's government has developed a three-tiered health model to serve rural China (90-95 percent of health care is provided in the rural areas). The system is comprehensive in scope and is specifically tailored to rural needs and conditions and is reflected in facilities, personnel, finance, organization, and structure.

During the visit, Mr. Brach spoke on "The Revitalization of Rural Health Care Systems in Metropolitan-Dominated Society," a dilemma which the Chinese are concerned about as well. Some of his comments about the China visit first appeared in the July 1988 issue of Rural Futures News, a publication of the New York Legislative Commission on Rural Resources.

As the Executive Director of the New York State Legislative Commission on Rural Resources since its inception in 1983, Mr. Brach works closely with state Sen. Charles D. Cook, chairman of the commission; Assemblyman William Parment, vice-chairman; and Sen. L. Paul Kehoe, secretary. The primary purpose of the commission is to promote a state-level focus and serve as a catalyst for rural affairs, policy and program development in New York State that will enhance the quality of life and institutions in rural New York.

"The No.1 challenge is to sensitize state policy to the special needs and conditions of rural citizens and providers of services to rural populations," Mr. Brach said. Among the special activities of the commission are the development of legislation, conducting symposia and public hearings, sponsorship of legislation, and conducting research on rural issues.

Summarizing the recent experience in the People's Republic of China, Mr. Brach said, "The visit of the People-to-People rural health delegation found useful parallels and contrasts which exist in the development of health systems in both the United States and China."

(Incidentally, Mr. Brach's daughter, Sheryl, is completing a master's degree in physical therapy at the University of Iowa.)

May 20, 1988 Editorial, The Schenectady Gazette

Extra Duty for School Buses

Rural areas have lots of residents, especially elderly ones, who can't get around due to lack of public transportation. And school districts have lots of buses that sit idle much of the time. The Legislative Commission on Rural Resources has proposed allowing those buses to be used to transport those residents. It's a good idea.

The school districts support the proposal, for a number of reasons. First, by hiring out vehicles when not needed to transport children (mid-day, weekends, summer), they can share the cost of purchasing and maintaining them. Second, many districts now find it difficult to attract part-time drivers; making the job full-time should solve that problem. And finally, though they won't say so publicly, districts see this as a chance to win support from elderly residents who, with no children in school, may lack a strong commitment to education.

Local governments also stand to gain. No longer would social service workers have to spend time transporting people to supermarkets and doctors' offices; overnight, a town or county would have a fleet of vans at its disposal. Most of the vehicles come with seat belts and some are equipped with wheelchair lifts. The plan dovetails nicely with a law adopted last year that encourages rural transportation by offering counties state aid to develop coordinated transportation systems. Creation of a public transit system would also make a county eligible for state operating subsidies.

The only sour note comes from private school bus operators, who say they would lose business. But in many rural areas, there are no private bus companies. In others, the companies work under contract to the schools, so any additional use of the buses would benefit them. And in areas with both school-owned and privately-owned buses, there is nothing to prevent the companies from competing for the contracts.

The Commission's plan would bring public transportation to areas that sorely need it. At the same time, it would make more efficient use of school buses, which are paid for primarily with state aid. The Legislature should give its enthusiastic support.

January 13, 1988 Editorial, Watertown Daily Times

Massena Hospital

State Health Chief Says Facility Stays Open

After months of fears, there was good news for north country residents on Monday when the state's health commissioner declared that the state has no intention of closing Massena Memorial Hospital.

Dr. David Axelrod said that while there have been problems of quality health care at the facility, it should not be assumed that there is some kind of effort being made to shut it down.

The heath commissioner, under questioning by Sen. John M. McHugh, R-Watertown, said he never had the intention of shuttering the Massena Hospital despite a recommendation made by the Central New York Health Systems Agency.

This will come as a relief to St. Lawrence County residents. Closing down the full-service hospital should have been unthinkable in the first place. Massena is not located near other facilities and winter weather conditions can make emergency travel difficult.

As Dr. Axelrod told the Legislative Commission on Rural Resources, Massena's location in respect to other facilities and the concerns of industry there make it imperative that the community have a full-service hospital.

The state health official cited the need for rural health networks, in which the Massena facility can play a role.

Nevertheless, residents of Massena and vicinity had good reason for real fears over the past few months that their hospital would be taken away from them, especially after the Central Health Systems Agency made its views known.

Extreme care should be taken when tinkering with rural health systems. It is well that Dr. Axelrod, who is to be praised for supporting attempts to raise the quality of patient care, realizes the value to communities of such facilities as Massena Memorial and appears prepared to defend against any misguided efforts to reduce the availability of such care.

March 16, 1988 Editorial, Syracuse Post Standard

Help an Industry Grow

A just-issued legislative committee report on "Enhancing New York's Forestry Industry: A Targeted Approach," is must reading for all state officials and state lawmakers.

The report was issued by the state Legislative Commission on Rural Resources, chaired by Sen. Charles D. Cook, a Delhi Republican. The urgent, crying need, the report states, is for "coordination and cooperation" among the numerous state agencies, committees and associations involved in forest development in the state.

Opportunities for development and expansion of the forestry component of the state's economy simply have not received adequate attention. For example, there are about 500 sawmills in the state that produce 500 million board feet of lumber annually. This adds about $60 million to the state's economy and provides employment for more than 3,000 people.

Some 61 percent of the state is forested, and 83 percent of that amount—or 15.4 million acres—is commercially viable timberland.

The report is not calling for a wholesale assault on New York's forests; nor is there any question about reversing the Adirondack's unique "Forever Wild" covenant.

All the report asks is that existing public and private resources be coordinated and streamlined for maximum effectiveness—an altogether sensible and economic suggestion.

There's an old saying that the squeaky wheel gets the grease. Other segments of the state's economy have been squeaking regularly and loudly for years. It's time the forestry industry did likewise; and it's time, too, that the appropriate state legislators and state bureaucrats listened and heeded.

Enabling Legislation Creating the Commission

The legislature hereby finds and declares that the economic and social well-being of the people of the state is clearly related to the state's rural resources. The rural economy and environment contribute greatly to the quality and maintenance of life in New York State. Rural areas offer an important alternative to urban living. New York's indispensible rural resources are decentralized, diverse and unique, and their enhancement and protection require special attention in view of their special characterization and needs.

A legislative commission on the development of rural resources is hereby established (1) to examine the impact of rural resources upon the state's economy; (2) to review existing laws and regulations as they pertain to rural resources; (3) to assess the effectiveness of programs specifically addressed to rural resource needs and problems; (4) to make such recommendations to the legislature for action as it determines necessary for the enhancement and protection of the state's rural resources.